## **APPLICATION DATA SHEET**

## **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	PROCESS AND PLANT FOR THE TREATMENT OF THE GLASS SHEETS OF AN ASYMMETRIC GLASS-SHEET PAIR
Attorney Docket Number::	021500-142
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	

Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Dieter
Middle Name::	
Family Name::	FUNK
Name Suffix::	
City of Residence::	Witten
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Schutzenstrasse 16
City of Mailing Address::	Witten
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-58452

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Joachim
Middle Name::	
Family Name::	PILZ
Name Suffix::	
City of Residence::	Gelsenkirchen
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Stegemannsweg 99
City of Mailing Address::	Gelsenkirchen
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-45897
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Peter
Middle Name::	
Family Name::	MICHELS
Name Suffix::	
City of Residence::	Sprockhovel

State or Province of Residence::

Country of Residence::

Germany

**Street of Mailing Address:** 

Am Kindler 1

City of Mailing Address::

Sprockhovel

State or Province of Mailing

Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

D-45549

Address::

**Correspondence Information** 

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

Representative Information

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application::

**Continuity Type::** 

**Parent Application:** 

**Parent Filing** 

Date::

This Application

National Stage of

PCT/EP2004/002980

03/22/04

**Foreign Priority Information** 

Country::

**Application Number::** 

Filing Date::

**Priority** 

Claimed::

Germany

103 14 400.5

03/28/03

Yes

## **Assignee Information**

Assignee Name:: Pilkington Automotive Deutschland GmbH

Street of Mailing Address:: Otto-Seeling-Str. 7

City of Mailing Address:: Witten

State or Province of Mailing

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing

Address::

D-58455